

4358

certified by the attending Physician or
Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		NAME ADDED BY SUPPLEMENT		ARIZONA STATE BOARD OF HEALTH	
County of	<i>Mogave</i>	BUREAU OF VITAL STATISTICS		State Index No.	<i>370</i>
District of	<i>3</i>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No.	<i>98919</i>
Town of	<i>Mesa</i>			Local Registrar's No.	<i>473</i>
or					
City of		(No.)	St.	Ward)	
FULL NAME OF CHILD <i>Thomas Phil Nations</i>				Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive	<i>NO</i>
Sex of Child	<i>M</i>	Twin, Triplet or other	<i>Single</i>	and	
		Number in order of birth	<i>1</i>	Legitimate?	<i>yes</i>
		Date of Birth	<i>Sept 2</i>		<i>1912</i>
			(Month)	(Day)	(Yr.)
FATHER			MOTHER		
Full Name	<i>Thomas Nations</i>		Full Maiden Name	<i>Beatrice Williams</i>	
Residence	<i>Mesa</i>		Residence	<i>Mesa</i>	
Color or Race	<i>White</i>	Age at last Birthday	<i>23</i>	Color or Race	<i>W</i>
		(Years)			
Birthplace	<i>N. M.</i>		Birthplace	<i>Shafter Ariz</i>	
Occupation	<i>Rancher</i>		Occupation	<i>Wife</i>	
Number of child of this mother..... <i>1</i>		Number of children, of this mother, now living..... <i>1</i>		Were precautions taken against Ophthalmia neonatorum?..... <i>yes</i>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <i>Sept 2</i> 1912 at <i>5:15</i> P. M.					
*When there is no attending physician or midwife, then the householder should make this return.					
Given or christian name added from a supplemental report..... 191.....			(Signature) <i>J. E. Dine Jr.</i>		
			(Attending physician, midwife, householder.)*		
			Address <i>Mesa Ariz</i>		
			LOCAL REGISTRAR <i>J. E. Dine Jr.</i>		
			COUNTY REGISTRAR <i>H. R. Loorson</i>		
352-902-262			A True Copy		
COUNTY REGISTRAR.			COUNTY REGISTRAR.		

Filed *Oct 9* 1912Filed *Nov 6* 1912